

**NIH CLINICAL CENTER NURSING & PATIENT CARE SERVICES**  
**CRN POC COMPETENCY VALIDATION**

Name: \_\_\_\_\_ Manager or Designee: \_\_\_\_\_  
 Work Area: \_\_\_\_\_ Primary Preceptor: \_\_\_\_\_  
 Hire Date: \_\_\_\_\_ Competency Date: Met \_\_\_\_\_ Not Met: \_\_\_\_\_

Reason for validation: ☐ Orientation ☐ Re-validation ☐ PI Follow-up ☐ Other \_\_\_\_\_

**Key:** 1 = No knowledge/No experience 3 = Knowledge/Done with assistance **Circle method used for validation:** D = Demonstration DR = Documentation Review V = Verbalization  
 2 = Knowledge/No experience 4 = Knowledge/Done independently T = Test/Quiz O = Other (specify)

**Competency: Intravenous Therapy and Venipuncture– Manages care and seeks to prevent complications for patients requiring intravenous therapy, venipuncture, and/or use of a vascular access device (VAD).**

Behavioral Indicators	Self Evaluation				Assessment Method	Validator's Signature/Date		Learning Resources	Comments
						Met	Not Met*		
1. Demonstrates appropriate venipuncture technique to obtain venous blood sample.	1	2	3	4	D			NPCS Orientation Unit Orientation  <u>NPCS: Policy:</u> Obtaining Blood Samples  <u>NPCS: Procedure:</u> Venipuncture  <u>NPCS: Procedure</u> Venous Access Devices (VAD), Care and Maintenance of Central and Peripheral  <u>NPCS: SOP:</u> Venous Access Devices (VAD), Care and Maintenance of Central and Peripheral  MAS: Policy Guidelines for Blood Drawn for Research Purposes in the Clinical Center.(M95-9)  NPCS SOP Care of the Patient with an Arterial Line  Experience with Preceptor	
2. Demonstrates appropriate technique to successfully insert a peripheral IV catheter based on patient age and need.	1	2	3	4	D				
3. Describes different VADs in use.	1	2	3	4	V				
4. Demonstrates ability to locate reference material related to the care of various VADs.	1	2	3	4	D				
5. Accesses and maintains VADs according to the unique needs of differing types.	1	2	3	4	D, V				
6. Assesses VAD site per NPCS guidelines.	1	2	3	4	D, V, DR				
7. Changes VAD site dressings per NPCS Guidelines.	1	2	3	4	D, V, DR				

**Action Plan for Competency Achievement**

Targeted Areas for Improvement (Behavioral Indicators):


Educational Activities/Resources Provided:


“Hands on” practice planned with preceptor, unit educator, CNS, nurse manager:


Re-evaluation date: \_\_\_\_\_

By: \_\_\_\_\_

- ☐ Competency Met
- ☐ Competency Not Met

Next Step: \_\_\_\_\_